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## \*BIBDATASHEET\*

CONFIRMATION NO. 7973

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/435,562 11/08/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	13	31	7
Examiner's Signature _____ Initials _____				

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## TITLE

METHOD OF IMPLANTING A DEVICE IN THE LEFT ATRIAL APPENDAGE

☐ All Fees☐ 1.16 Fees ( Filing )

FEES: Authority has been given in Paper